



VFC PIN #

Quarterly Doses Administered Report

Provider or Clinic Name:	Phone #:
Name of Person Submitting Form:	Quarter /Year:

Instructions for Completing Quarterly Doses Administered Report

Complete and submit this form to the Immunization Program within 15 days following the end of each quarter.

- 1st quarter:** January, February, March (Due April 15th)
2nd quarter: April, May, June (Due July 15th)
3rd quarter: July, August, September (Due October 15th)
4th quarter: October, November, December (Due January 15th)

- VFC Pin #. If you know your VFC PIN #, enter it; if not, please leave this space blank.
- Print the name of clinic, the phone number, the quarter and year of this report and name of the person completing this form.
- On the Total Number of Immunization Visits or Encounters table, enter the number of individuals who received vaccines. Place them in the proper age and eligibility columns. Total each line and column.
- On the Total Number of VFC Doses Administered table, enter the number of doses administered to VFC eligible children, by age and vaccine type. Total each line and column.
- On the Total Number of Underinsured Doses Administered table, enter the number of doses administered to underinsured children, by age and vaccine type. Total each line and column.
- On the Total Number of CHIP Doses Administered table, enter the total number of CHIP doses administered by age and vaccine type. Total each line and column.

Use of Doses Administered Tally Sheet is Optional.

Please do not return Tally Sheets.

Mail or fax the Quarterly Doses Administered Report to:

Utah Department of Health
Immunization Program
PO Box 142001
Salt Lake City, UT 84114-2001
(801) 538-9450
FAX: (801) 538-9440

Total Number of Immunization Visits or Encounters						
Age	Vaccines for Children (VFC)			State Supplied		Total
	Am. Indian / Alaskan Nat.	Medicaid	Non-insured	Underinsured	CHIP	
<1						
1-6						
7-18						
>18						
Total						

→ Continue on back

Form 4A 01/02

[illegible][illegible][illegible]